

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: John Teusch et al.

Group Art Unit: 3679

Serial No.: 10/037,443

Examiner: David Bochna

Filed: December 21, 2001

Our Account No.: 04-1403

Confirmation No.: 4830

Our Customer No.: 22827

Title: Medical Connector

Commissioner for Patents  
U.S. Patent and Trademark Office  
Post Office Box 1450  
Alexandria, VA 22313-1450

**RESPONSE**

This is a response/amendment/letter in the above-identified application and includes the herewith attachment of same date and subject which is incorporated hereto by reference and the signature below is to be treated as the signature to the attachment in absence of a signature thereto.

Fee requirements (if any) have been calculated as shown below:

	Claims remaining after amendment	Highest number previously paid for	Present Extra		Additional Fee
Total Effective Claims	17	minus 20	= 0	X \$18 =	\$ .00
Independent Claims	3	minus 3	= 0	x \$84 =	\$ .00
If amendment enters <u>proper</u> multiple dependent claim(s) into this application for <u>first</u> time, add \$280.00 (per application)					\$ .00
Since Official Action set an <u>original</u> due date of _____,					
PETITION is hereby made for an extension to cover the date this response is filed for which the requisite fee is enclosed (1 month \$110; 2 months \$410; 3 months \$930; 4 months \$1450)					\$ .00
If Terminal Disclaimer enclosed, add Rule 20(d) Official Fee (\$110.00)					\$ .00
<b>SUBTOTAL:</b>					\$ .00
If "small entity" verified statement filed [ ] previously, [ ] herewith, enter one-half (1/2) of subtotal and <u>subtract</u>					\$ .00
<b>TOTAL:</b>					\$ .00
Other: <u>Supplemental Information Disclosure Statement</u>					\$ 180.00
<b>TOTAL FEE ENCLOSED:</b>					\$ 180.00

The Commissioner is hereby authorized to charge any fee specifically authorized hereafter, or any fees in addition to the fee(s) filed, or asserted to be filed, or which should have been filed herewith or concerning any paper filed hereafter, and which may be required under Rules 16-18 (deficiency only) now or hereafter relative to this application and the resulting official document under Rule 20, or credit any overpayment, to our Account No. shown in the heading hereof for which purpose a duplicate copy of this sheet is attached. This statement does not authorize charge of the issue fee in this case.

## ADDRESS:

Post Office Box 1449  
Greenville, South Carolina 29602  
Telephone: 864-271-1592  
Facsimile: 864-233-7342

## DORITY &amp; MANNING

## ATTORNEYS AT LAW, P.A.

By: Neal P. Pierotti Reg. No.: 45,716 Date: July 20, 2004.Signature: Neal P. Pierotti

I hereby certify that this correspondence and any referenced attachment and fee are being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, U.S. Patent and Trademark Office, Post Office Box 1450, Alexandria, VA 22313-1450, on July 20, 2004.

Denise Bulkeley

(Typed or printed name of person mailing paper or fee)

(Signature of person mailing paper or fee)



ATTORNEY DOCKET NO.: BAL-108 (17451)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

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L. John Teuscher et al.	)	
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For: Medical Connector	)	
	)	

**Response**

Commissioner for Patents  
U.S. Patent and Trademark Office  
Post Office Box 1450  
Alexandria, VA 22313-1450

Sir:

The present Response is to the Office Action mailed May 17, 2004, in regards to the above captioned application. Please enter the following Response: